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## **School District Claim for State Reimbursement for School Bus Transportation**

State	
District	
County	

<b>DUE</b>
DATES

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent							Second to County to State S	_	- ntenden	t	
COMPLI	ETE TH	IS CLAIM FO	R STA	ATE REIME	BURSEMEN	T FOR SO	CHOOL BUS TR	ANSPORT	TATION	:		
This clain	n is for the	period beginning	;		,	20 and	ending		,	20		
				month	day			month	d	ay		
CERTIFI	<b>ICATIO</b>	N:										•
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.						
Date			Signatu	ıre, Chair, Board	d of Trustees							•
County:			District	::					District Le	evel:		
21 Hill			0425	Box Elde	er Elem				Elemen	ntary		
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection		ays rated		Bus Driver's ocial Security #	
50	13	1		53	1.57	72	08/22/05					•
50	13	2		62	1.57	72	08/22/05			,		
50	13	3		55	1.80	84	08/22/05					
50	13	4		56	1.80	84	08/22/05					
50	13	5		93	1.57	72	08/22/05					
50	13	6		44	0.95	12	08/22/05					
50	13	7		44	1.57	72	08/22/05			-	_	

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**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						May 2	0 to County 4 to State S	uperinte	ntendent ndent
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIMI	BURSEMEN	T FOR SO	CHOOL BUS TR	RANSPORT	TATION	•
This clain	n is for the	period beginning	g		<b>,</b>	20 and	ending		<b>,</b>	20
				month	day			month	d	ay
CERTIF	<b>ICATIO</b>	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date			Signatu	re, Chair, Board	d of Trustees					
County:			District	:					District Le	evel:
21 Hill			0426	Box Elde	er H S				High S	School
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection		ays rated	Bus Driver's Social Security #
50	G	1		53	1.57	72	08/22/05			
50	G	2		62	1.57	72	08/22/05			
50	G	3		55	1.80	84	08/22/05			
50	G	4		56	1.80	84	08/22/05			
50	G	5		93	1.57	72	08/22/05			
50	G	6		44	0.95	12	08/22/05			
50	G	7		44	1 57	72.	08/22/05			

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

## **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 0427 Havre Elem **Elementary 21 Hill** District Route Miles Rate Days **Bus Driver's** Capacity Operated Social Security # Percentage # Per Day Per Mile Inspection 50 16 1 52.8 1.15 54 07/25/05 50 16 10 93 1.36 66 07/25/05 44.8 72 07/25/05 50 16 11 1.57 50 12-16-12B 96 1.57 78 16 07/25/05 12-16-12C 50 16 100 1.57 78 07/25/05 50 16 12-16-3C 58.9 0.95 45 07/25/05 50 16 12-16-3D 57.6 0.95 45 07/25/05 50 12-16-3E 72.4 0.95 45 07/25/05 16 12A 93 50 1.57 78 07/25/05 16 2 72 50 16 66.8 1.57 07/25/05 50 16 3B 55.4 0.95 45 07/25/05 50 16 4 125.2 1.57 72 07/25/05 50 5 73.4 72 07/25/05 16 1.57 50 16 6 191.4 07/25/05 1.15 54

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8

9

73

41

88.6

0.95

1.36

1.15

48

66

54

07/25/05

07/25/05

07/25/05

50

50

50

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PI	

**School District Claim for** State Reimbursement for **School Bus Transportation** 

State	
District	
County	

DUE
DATES

**First Semester** 

**Second Semester** 

**February 1 to County Superintendent** May 10 to County Superintendent 5: **February 15 to State Superintendent** May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District: District Level: County: 21 Hill **0428** Havre H S **High School** 

Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
50	A	1	52.8	1.15	54	07/25/05		
50	A	10	93	1.36	66	07/25/05		
50	A	11	44.8	1.57	72	07/25/05		
50	A	12-16-12B	96	1.57	78	07/25/05		
50	A	12-16-12C	100	1.57	78	07/25/05		
50	A	12-16-3C	58.9	0.95	45	07/25/05		
50	A	12-16-3D	57.6	0.95	45	07/25/05		
50	A	12-16-3E	72.4	0.95	45	07/25/05		
50	A	12A	93	1.57	78	07/25/05		
50	A	2	66.8	1.57	72	07/25/05		
50	A	3B	55.4	0.95	45	07/25/05		
50	A	4	125.2	1.57	72	07/25/05		
50	A	5	73.4	1.57	72	07/25/05		
50	A	6	191.4	1.15	54	07/25/05		
50	A	7	73	0.95	48	07/25/05		
50	A	8	41	1.36	66	07/25/05		
50	A	9	88.6	1.15	54	07/25/05		

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County:

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

District:

School District Claim for State Reimbursement for School Bus Transportation

District Level:

State	
District	
County	

DUE DATES:	restairy to to state sup	perintendent erintendent			Second S May 10 to County S May 24 to State Su	Superintendent perintendent	
COMPLI	ETE THIS CLAIM FOR STATE RI	EIMBURSEME	ENT FOI	R SCHOOL B	BUS TRANSPORTA	ATION:	
This clain	n is for the period beginning		_, 20	and ending		, 20	
	month	day			month	day	
CERTIFI	CATION:						
The inform	mation on this form is complete and accurate	e to the best of my	knowledge	•	_		
Date	Signature, Chair	, Board of Trustees					

0445 Cottonwood Elem 21 Hill **Elementary** District Route Miles Rate Days **Bus Driver's** Percentage Per Day Per Mile Capacity Inspection Operated Social Security # 100 57 21-57-1 113 0.95 18 08/23/05 100 24 57 21-57-2 151 0.95 08/23/05

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## School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						May 24 to	Second Semester County Superin State Superinter	tendent ndent
COMPLI	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SCH	OOL BUS TRAN	SPORTATION:	
This claim is for the period beginning					20 and er	iding	_:	20 .	
		r		month	day		0	onth da	ny
CERTIFI	[CATIO]	N:							
The infor	The information on this form is complete and accurate to the best of my knowledge.								
Date			Signatu	re, Chair, Board	d of Trustees				
County:			District					District Le	vel:
21 Hill	1207 Rocky Boy Elem					Elemen	ntary		
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
80	87J	1 Azure		35.2	1.80	84	08/23/05		
80	87J	2 Haystacl	k	29.2	1.57	72	08/22/05		
80	87J	87J 3 Parker		20.6	1.80	84	08/22/05		
80	87J	4 Parker Can	yon	32.6	1.15	59	08/22/05		
80	87J	5 Duck Cre	ek	117.2	1.80	84	08/22/05		
80	87J	6 Lower Ro	ad	50	1.57	72	08/22/05		
80	87J	7 Bonneau	1	88	1.57	71	08/22/05		
80	87J	8 Sp Ed		40	0.95	12	08/22/05		

PI	

**School District Claim for** State Reimbursement for **School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

**Second Semester** First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 1229 Rocky Boy H S **High School 21 Hill** District Route Miles Rate Days **Bus Driver's** Percentage Per Mile Capacity Operated Social Security # Per Day Inspection 20 87L 1 Azure 35.2 1.80 84 08/23/05 2 Haystack 20 87L 29.2 1.57 72 08/22/05 87L 3 Parker 20.6 08/22/05 20 1.80 84 20 87L 4 Parker Canyon 32.6 59 1.15 08/22/05 5 Duck Creek 20 87L 117.2 1.80 84 08/22/05 20 87L 6 Lower Road 50 1.57 72 08/22/05 20 87L 7 Bonneau 88 1.57 71 08/22/05 20 87L 8 Sp Ed 40 0.95 12 08/22/05

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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		Hele	ena, M	T 59620-25	01		50	noor Bus Trai	ispoi	itation	
DUE DATES:	Tobracity to to state Supermeenter					Second Semester May 10 to County Superintendent May 24 to State Superintendent					
COMPLE	TE TH	S CLAIM FO	OR STA	TE REIMI	BURSEMEN	NT FOI	R SCHOOL	L BUS TRANSP	'OR'I	ATION:	}
This claim is for the period beginning				and ending			,	20			
				month	day			month	l	da	ay
CERTIFI	CATIO	<b>V:</b>									
The inforn	nation on	this form is comp	olete and	accurate to th	e best of my kr	owledge					
Date			Signatu	re, Chair, Board	d of Trustees						
County: District:				District Level:							
21 Hill	Hill 1233 North Star Elem							Elemen	ntary		
	District	Route		Miles	Rate				Da	avs	Bus Driver's

Operated Percentage Per Day Per Mile Inspection Social Security # Capacity 50 1 96 99 0.95 21 08/05/05 50 99 1A 50.8 0.95 21 08/05/05 99 2 104.6 0.95 21 50 08/01/05 50 99 3 27.4 70 08/01/05 1.57

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County:

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

District:

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School District Claim for State Reimbursement for School Bus Transportation

District Level:

State	
District	
County	

DUE DATES:	1 columny 10 to state superintendent	Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:					
This claim	is for the period beginning, month day	, 20 and ending , 20  month day			
CERTIFICATION:					
The information on this form is complete and accurate to the best of my knowledge.					
Date	Signature, Chair, Board of Trustees				

High School 21 Hill 1234 North Star HS District Route Miles Rate Days **Bus Driver's** Percentage # Per Day Per Mile Capacity Inspection Operated Social Security # 1 50 M 96 0.95 21 08/05/05 50 1A 0.95 21 M 50.8 08/05/05

21

70

08/01/05

08/01/05

0.95

1.57